

Influence of Sex and Gender-Role on Personal Control

Sulaiman Olanrewaju Adebayo

Department of Psychology

Ekiti State University, Ado-Ekiti, Nigeria

Tel: +23-480-3386-5790 E-mail: lanryadd@yahoo.com, sadebayo@unad.edu.ng

Tosin Tunrayo Olonisakin

Department of Psychology

University of Lagos, Nigeria

E-mail: olonisakino@yahoo.com

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Abstract

This study examined the influence of sex and gender-role on safe-sex behaviours. A total of 202 (male= 68, females= 134) participants whose ages range between 15 and 56 years were randomly selected from a federal university in Nigeria. The objective of this study was to determine if sex and gender-role would independently and jointly influence personal control of men and women. Findings of this study revealed an independent influence of gender-role on personal control. No other influence was significant. The implication of this finding was discussed with reference to relevant literature. Recommendations were made based on the result of this study.

Keywords: personal control, sex, gender-role, gender-role orientation, Nigeria

Gender is best understood in relation to sex. Sex is the biologically determined characteristics or functions of males and females, the physical and biological difference between male and female while gender means those characteristics and functions allocated to male and females Alade (as cited in Alade, 2012).

As a child grows, he or she is oriented or socialised to meet societal expectations for his or her particular gender. Gender-role orientation is therefore the personal trait and attribute prescribed by a society or culture which requires that men think and behave like men (masculine) and also expect women to think and behave like women (feminine) (Nwankwo, Kanu, Marire, Balogun, & Uhiara, 2012). Such gender-role orientation results in gender stereotyping, which are the fixed beliefs about what is appropriate or should be characteristics of a particular sex. Within a society or culture, some behaviours, attitudes, feeling, careers are stereotyped as masculine and feminine. Masculinity is associated with dominance, power, assertiveness and virility while femininity is associated with concern for others, submissiveness, dependence, deference, cooperation, caring, nurturing, agreeableness and so on. Hence, understanding gender provides insights into the causes and the differences between men and women's behaviours.

Gender-role permeates every human endeavour and leads to gender stereotype (Alade, 2012); it specifies appropriate career, behaviours, thoughts, emotions, dressing and other characteristics appropriate for a particular sex and this sometimes lead to discrimination and inequity between the sexes. Gender-role beliefs or stereotype are maintained by various abstract, historical, political, religious and legal norms that consistently segregate and ascribe more power to a particular sex. These beliefs and stereotype are maintained within institutions through social mechanisms such as unequal pay for comparable work, discriminatory practices at school and work, the imbalance of control within relationships. With these and other social mechanisms women are particularly disfavoured and constrained by producing gender-based inequities in women's economic potential, the control of resources by women and gender-based expectation of women's role in society (Wingwood & DiClemente, 2000). Gender-role identity has been researched extensively. Being a male or a female is associated with certain socially constructed roles and socially learned behaviours and expectations. Men and women are biologically different, but all cultures interpret and elaborate such biological differences into a set of social expectations and activities that are appropriate and what rights and resources they possess. Such gender-role identity is built through sex-typing process where an individual acquires certain psychological characteristics which are considered sex-appropriate by his or her culture. Sex-typing is derived, in part, from a readiness on the part of the individual to encode and to organise information including information about the self in terms of the cultural definitions of maleness and femaleness that constitute the society's gender schema (Bem, 1981).

According to Bem (1981), gender-role identity can be based on four different combinations of masculinity and femininity. A traditional identity or sex-typed individual is someone whose self-concept incorporates prevailing cultural definitions of masculinity and femininity; the possession of a relatively high degree of femininity in women and a high degree of masculinity in men. Individuals who possess high levels of both are labeled androgynous while those possessing low levels of both are labeled undifferentiated. Gender identity is therefore independent of one's sex and the potential exists for cross-sex typed individuals (for example, a feminine male), rather than just masculine males and feminine females. Being androgynous, Bem considers ideal in operating in society, androgynous individuals, she maintains, are "optimally equipped for behavioural flexibility and corresponding adaptability in varied, dynamic environments" (Bem, 1977). To this end Bem's instrument was the first test specifically designed to provide independent measures of an individual's masculinity and femininity (Lenney, 1991 as cited in Hoffman & Borders, 2001). The purpose of the instrument was to measure the extent to which the culture's definitions of favourable female and male characteristics are reflected in an individual's self-description, thus, she defined masculinity and femininity in terms of sex-linked social desirability. In the past gender-role socialisation and conformity to society's prescription for sex-appropriate behaviour was considered a necessary developmental milestone for people to be better adjusted in the society (Smit, 2005). Bem's work redeemed the relationship between psychological health and gender. The assumption that it was healthiness was linked to being sex-typed was replaced by her assertion that a combination of traditionally feminine and traditionally masculine qualities could be healthy regardless of one's biological sex. However, such views are still held today despite the fact that research has demonstrated the limitations of such rigid traditional gender-role.

Personal control is a complex and multidimensional concept that has been given different names in literature. Personal control has been referred to as internal locus of control (Rotter, 1966), self-efficacy (Bandura, 1977, 2001), sense of coherence (Antonovsky, 1993; Junkenen & Ahlstrom, 2006), powerlessness (Seeman, 1959) and personal mastery (Pearlin & Schooler, 1978). Personal control reflects individual's beliefs regarding the extent to which they are able to control or influence outcomes. It relates to judgment about whether one's actions can produce a given outcome; the extent to which a given outcome is controllable (Bandura, 1977). Individuals differ with regards to their perceptions of personal control and this has implication for performance, physical health and mental health (Ruedal & Perez-Garcia, 2006; Thompson & Spacapan, 1991). People who feel in control of their lives have a greater sense of well-being and are more likely to feel motivated to take an active role in solving and avoiding problems (Ross & Sastry, 1999), thereby avoiding causes of distress. This study defines personal control as the belief in one's control over the environment; that there is a contingent relationship between actions and outcomes and that one's actions rather external factors will be instrumental in producing change in the desired direction. In addition research has found sex differences in personal control.

Various researchers have investigated sex differences in personal control as it relates to sexual relations in intimate relationships, professional and academic settings. Research has revealed that women feel significantly less personal control than men (Barret & Buckley, 2009; Cassidy, 1997; Mirowsky & Ross, 1983; Thoits, 1986; Umberson, 1993; Umberson, Anderson, Glick, & Shapiro, 1998); though others have found this difference to be insignificant (Chubb & Fertman, 1997) and nonexistent (Bird & Ross, 1993; Mirowsky 1995; Stets, 1995).

The differences in personal control of men and women has been attributed to structural and traditional role expectations which restricts women's access to power, increased demands and responsibilities in the home and workplace which translates into feeling less in control of their lives (Ferree, 1991). Men on the other hand, according to Green, Cohen and Belhad; Greene and Biddlecom (as cited in Oladeji, 2008) are often called "gatekeepers" because of the many powerful roles they undertake in society as husbands, fathers, uncles, religious leaders, policy makers, local and national leaders.

The literature is filled with assertions that because African society is one that is largely patriarchal, men dominate family decision making and the position of women in society in relation to men has been one of subordination; this has attracted the attention of scholars and researchers for a long time (Aluko, 2011). Such domination also extends to sexuality.

In many developing countries, Nigeria inclusive, primary decision making on sexual activity, fertility and contraceptive use are made by men (Oladeji, 2008). According to Hull; Jolly (as cited in Oladeji, 2008) such decisions can include timing of sexual intercourse and how, whether to practice family planning, engaging in extra-marital sexual relations, using condoms to prevent sexually transmitted diseases (STDs), breastfeeding, seeking prenatal care.

The extension of this reality to sexuality shows that women are placed at a disadvantaged position in sexual negotiations or control relative to their husbands or partner's privileged and

stronger position in African culture Aina, Aransiola and Osezua (as cited in Aluko, 2011). Thus, gender inequality in any society is intricately linked to sexual health conditions in that society. Traditionally, gender-role stereotypes was and in many respects still is in spite of modernisation, for men to be the “hunter” and “initiator” in sexual intercourse and the powerful figure in an intimate relationship. As norms about suitable sexual roles for men and women shape the power-distribution within sexual relationship, women may find it difficult to voice their own concerns and demands. They may feel unable to assert power within relationships or to initiate discussions or negotiate about safe-sex with their partners (United Nations [UN], 1994). In addition they may feel pressure to take a passive role and to submit to their partners wishes to engage in sex or not use condoms.

The level of productive and reproductive labour engaged in by men and women seems to be consistent across societies; men seem to engage in more productive labour than reproductive labour. Productive labour are labour engaged in outside the home in paid employment; while reproductive labour encompasses work activities performed within the home, including cooking, cleaning, gardening, childcare. Such productive and reproductive activities engaged in by men and women are valued differently. Generally, generating income leads to greater autonomy, respect and decision-making power in the society (Vlassoff, 2007). As men are more involved in productive labour that brings higher pay compared to women’s reproductive work activities even when such activities are converted into monetary value, they generally enjoy more autonomy and higher social status. The sex difference in economic status and purchasing power affect men and women personal control.

Furthermore, Rosenfield, (as cited in Vlassoff, 2007) in a study of sex, employment and mental health compared men and women in the United States, using measures of power in work and family, demands on time and personal control and symptoms of depression and anxiety. There was a similar symptom of psychological stress among men and women with similar demands on their time in family and work situations. However, women in situations which placed higher demand on them either as unemployed housewives or as working women with significant familial responsibilities were higher in depression and anxiety than men. The experience of role overload may comprise women’s sense of personal control (Rosenfield, 1989).

The belief in the indigenous traditional Nigerian community is that the man care for the woman who is a wife, a mother and a housekeeper and it is odd for her to cater for herself (Alade, 2012). The implication of this is that women rely on their male partner to cater for all their needs and this affects their control and power in the relationship. However, according to Glick and Fiske; Jackman, (as cited in Vescio & Dahl, 2013), to be provided for and protected implies lesser power and inferiority, which may motivate acts of condescension rather than respect. Hence, power inequity and emotional and financial dependence of women upon their partners also seem to present significant obstacles to sexual decision making (Soler, Quandago, Sly, Richman, Eberstein, & Harrison, 2000; Varga, 1997). Although adolescent girls and women are very outspoken in some cultures the opposite is observed in their relationships with male partners (Neely-Smith, 2009). Also because women judge themselves by their ability to secure and maintain relationship they may silence themselves and allow male domination of the relationship so as not to “rock the boat” (Neely-Smith, 2009).

Given the paucity of research on personal control in the Nigerian literature, this study examined the influence of sex and gender-role on personal control. Since, education and socio-economic status or personal income has been implicated in the cause of the difference between men and women's personal control (Cassidy, 1997; Ferree, 1991); this study used male and female participants who can be assumed to be equal in education and somewhat similar in their personal income to control for such the effect of such differences.

This hypothesis was tested:

There will be a main and interaction influence of sex and gender-role on personal control.

METHOD

Participants

A survey was conducted to test the hypothesis in this study. Two hundred and two participants both males and females from different ethnic group in Nigeria were randomly selected from a federal university. Their ages range from 15-56 years

Instruments

Two instruments were used for data collection:

1. The Bem Sex-Role Inventory (BSRI) and
2. Personal control subscale of the Spheres of Control scale (SOC) by Paulhus and Van Selst, (1990)

The BSRI consists of 60 items. It was designed to categorise individuals into different gender-role identities. The BSRI offers four different possible resulting categorisations: masculine, feminine, androgynous and undifferentiated. The median split technique was used in this study to classify participants. Bem reports coefficient alphas of 0.78 for femininity scales and 0.87 for the masculinity scale, BSRI also has demonstrated high test-retest reliability. It uses a 7-point likert scale.

The personal control sub-scale of the Spheres of control scale (SOC) version 3 developed by Paulhus and Van Selst (1990) was used to obtain information on participant's level of personal control. It is a 10 item subscale with a response format of disagree (numbers 1, 2 and 3 represent the extent to which the participant disagree with the statement; a higher value indicates a higher level of disagreement, neutral (4) and agree (5, 6 and 7 represent the extent to which the participant agree with the statement; a higher value indicates a higher level of agreement). It has a reliability coefficient of 0.80.

Procedure

The questionnaire was individually administered to post-graduate and undergraduate students in their halls of residence. The participants were informed of the nature of the research and asked to participate willingly. They were not required to fill in any personal identifiers on the questionnaire and they were assured of the confidentiality of their response.

Statistics

Based on the fact that we have two factors, one with two levels and the other with four levels, a 2 x 4 factorial ANOVA design was used to test the hypothesis.

RESULT

Two-way ANOVA summary table showing the main and interaction influence of sex and gender-role on personal control

Source	SS	Df	MS	F
Sex	4.626	1	4.626	0.092
Gender-role	500.299	3	166.766	3.330*
Sex * gender-role	193.287	3	64.429	1.286
Error	9715.824	194	50.082	
Total	521548.00	202		

* $p < 0.05$ $df (3/194) = 3.330$

Result of data analysis showed a main influence of gender-role on personal control (F (df (3/194) = 3.330 $P < 0.05$. Masculine mean score was 52.3571, feminine (49.1000), androgynous (51.2679), and undifferentiated (48.8750). No other influence was significant.

DISCUSSION

The hypothesis was partially supported, gender-role identity significantly influence personal control. There was neither a main influence of sex nor an interaction influence of sex and gender-role on personal control. The finding of this study suggests that regardless of being a male or a female, one’s gender-role identity affects the extent to which one believe they have control over what happens to them or have the ability to influence outcomes.

Post-hoc analysis revealed that the difference between participants that are masculine, feminine and those that are undifferentiated. Masculine individuals had significantly more personal control followed by feminine and undifferentiated individuals. This is consistent with previous findings. Obstfeld, Lupfer and Lupfer (1985) showed that both males and females who defined themselves as more masculine tended to show higher sexual function and satisfaction than average persons of the same sex and that both males and females who defined themselves as more feminine reported fewer positive outcomes relating to sexuality. Similar result was also obtained by Johnson and Black (1981), males who were masculine or androgynous and females who were masculine or androgynous reported greater internal locus of control beliefs than those who were feminine or undifferentiated.

Furthermore, this result supports the gender-role socialisation of masculinity to be active, aggressive, dominant and ambitious. Mahalik (1999) found that men receive socialisation messages surrounding the following themes: success (get ahead, excel in order to be happy), power (physical, financially, sexually, interpersonally, intellectually), emotional control (being stoic even with wife and children, not crying), fearlessness (aggressive, violent), self - reliance

(never asking for help for others), primacy of work (work is the biggest part of self - identity and takes priority over family), playboy (sex should be recreational, with many partners and with little focus on intimacy), and homophobia (express hate and possibly violence towards homosexuals, never display behaviour that could be construed as feminine or homosexual). Because these messages combine to create the male sex-role, men are pressured to conform to these attitudes in order to be seen as "real men."

Levant, Hirsch, Celentano, Cozza, Hill, MacEachern, Marty and Schnedeker (1992) identified seven dimensions of traditional masculine ideology: avoiding all things feminine, restricting emotionality, acting tough and aggressive, being self-reliant, achieving status, being non-relational and objectifying in sexual behaviours and attitudes, and homophobia. These dimensions encompass a large number of daily activities and therefore affect a wide range of thoughts, actions and interactions. Thus, traditional masculinity is in a position to exert enormous influence over a significant portion of men's lives. Since research clearly indicates that men and women possess both masculine and feminine traits in varying degrees, regardless of their biological sex, those with a masculine gender-role identity would probably have a higher personal control than those of other gender-role identity because some of the personality traits assigned to "masculinity": success, power, fearlessness, self-reliance (Mahalik, 1999) on the basis of gender-role socialisation are indices of personal control beliefs.

With regards to the lack of a sex difference in personal control in this study, one possible explanation for this is that the participants in the study are all university students and some of which are post-graduate students who may be employed. Also, on the measures of socio-economic status using income ranges employed in this study, only five of the 202 participants did not fall within the same income range. Studies have revealed that perceived control, is positively affected by education and personal income (Aluko, 2011; Cassidy, 1997; Neely-Smith, 2009). As education and personal income increased for women perceived control increases while personal control decreases with lack of education or personal income (Cassidy, 1997). The lack of an interaction influence of sex and gender-role on personal control further strengthens research evidence that suggest that sex and gender are two separate construct and that gender-role in itself is an important variable to consider when examining personal control beliefs.

CONCLUSIONS

The result of this study shows the importance of one's gender-role identity in personal control beliefs and the importance of education and personal income in equating men and women in personal control beliefs. An individual's personal control beliefs has implications for their overall wellbeing in terms of physical and mental health, achievements and advancement, success, careers and occupational choice, decision making and so on. When individuals believe that their successes, health or promotion depends on them; on how well they are able to perform; how hard they work rather than due to forces or people outside of the self, then they can more readily be motivated to put in more effort or strive harder. Beliefs or feelings of personal control can help achieve a lot as opposed to feelings of helplessness. When people attribute events or failures to external and stable causes over which they have little or no control, then there is little or no need to try again but when events or failure are attributed to the self, to the need to strive harder and that success is attainable, then the individual is

motivated to try again. A personal control belief is thus important to the physical and mental well-being of people.

There are ways in which personal control beliefs and feelings can be enhanced. Personal control beliefs can be enhanced through exposure to role models and empowerment through provision of education and skills with which individuals can provide for themselves or support their family. Poverty can result in poor livelihood, limited access to good standard of living, lack of access to good health care, limited financial and material resources and illiteracy; all this can contribute to feelings of helplessness or powerlessness or worthlessness or beliefs that events are beyond ones control. Since education and better socio-economic status contribute to an individual's personal control, particularly those of women (Aluko, 2011; Cassidy, 1997; Neely-Smith, 2009), providing education as a means of improving socio-economic status is important. Providing encouragement and motivation for individuals and engaging in positive thinking is also important in personal control beliefs.

Furthermore, according to Bem, (1977) an androgynous individual have high levels of both masculine and feminine traits, which Bem considers ideal in operating in society. Androgynous individuals, she maintains, are "optimally equipped for behavioural flexibility and corresponding adaptability in varied, dynamic environments". Hence, gender-role socialisation should not follow rigid sex-typing, boys and girls should be socialised and taught on how to behave in ways that helps them to adapt to situations as they come. Research on attitude-behaviour consistency has shown that subjective norms (how people believe significant others or society expects them to behave, think or feel) to a large extent influences both their attitude and behaviour. When individuals are limited in their personal control beliefs based on opinions, expectations or roles placed on them by the society, culture, family or friends, it can have implication for people's beliefs in their ability and intention to perform behaviours that are most beneficial to them.

REFERENCES

- Alade, I. A. (2012). Gender stereotyping and empowerment in Nigeria society: Implications for women repositioning in curriculum delivery. *Journal of Language, Literature and Gender Studies*, 1(1), 30-43.
- Aluko, Y. (2011). *Women's sexual and health rights in normal unions in Ibadan, Nigeria*.
- Antonovsky, A. (1993). The structure and properties of the sense of coherence scale. *Soc. sci & med*, 6, 725-733.
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioural change. *Psychological Review*, 84, 191 – 215.
- Bandura, A. (2001). Social cognitive theory: An agentic perspective. Palo Alto, CA. *Annual Review of Psychology*, 52, 1-26.

- Barett, J. B., & Buckley, C. (2009). Gender and perceived control in the Russian federation. *Europe – Asia Studies*, 61(1), 29-49.
- Bem, S. L. (1977). On the utility of alternative procedures for assessing psychological androgyny. *Journal of Consulting and Clinical Psychology*, 45(2), 196-205.
- Bem, S. L. (1981). *Bem sex role inventory: Professional manual*. Palo Alto, CA: Consulting Psychologists Press.
- Bird, C. E., & Ross, C. E. (1993). Houseworkers and paid workers: Qualities of the work and effects on personal control. *Journal of Marriage and the Family*, 55, 913-925.
- Cassidy, G. L. (1997). *Gender differences in perceived control over life* (Masters thesis, University of Western Ontario, London, Ontario).
- Chubb, N., & Fertman, C. (1997). Adolescent self-esteem and locus of control: A longitudinal study of gender and age differences. *Adolescence*, 32(125), 113-121.
- Ferree, M. M. (1991). The gender division of labour in two-earner marriages. *Journal of Family Issues*, 12, 158-180.
- Hoffman, R. M., & Borders, L. D. (2001). Twenty-five years after the Bem Sex-Role Inventory: A reassessment and new issues regarding classification variability. *Measurement and Evaluation in Counseling and Development*, 34, 39-55.
- Johnson, S. J., & Black, K. N. (1981). The relationship between sex-role identity and beliefs in personal control. *Sex Roles*, 7(4), 425-431.
- Junkenen, J., & Ahlstrom, R. (2006). Hostility, anger and sense of coherence as predictors of health-related quality of life: Results of an Ascot sub-study. *Journal of Psychosom. Res.*, 61, 33-39.
- Levant, R. F., Hirsch, L., Celentano, E., Cozza, T., Hill, S., MacEachern, M., ... Schnedeker, J. (1992). The male role: An investigation of contemporary norms. *Journal of Mental Health Counseling*, 14, 325-337.
- Mahalik, J. R. (1999). Men's gender-role socialisation: Effect on presenting problems and experiences in psychotherapy. *Progress: Family systems Research and therapy*, 8, 13-18.
- Mirowsky, J., & Ross, C. E. (1983). Paranoia and the structure of powerlessness. *American Sociological review*, 48, 228-239.
- Mirowsky, J. (1995). Age and the sense of control. *Social Psychology Quarterly*, 58, 31-43.

- Neely–Smith, S. L. (2009). Influence of self-esteem and self-silencing on self-efficacy for negotiating safer behaviours in urban Bahamian women. *The Journal of Multicultural Nursing and Health*. Retrieved from http://findarticles.com/p/articles/ml_qu3919/is_200401/al_n9361181/print?tag=artbody:col2.
- Nwankwo, B. E., Kanu, G. C., Marire, M. I, Balogun, S. K., & Uhiara, A. C. (2012). Gender-role orientation and self-efficacy as correlates of entrepreneurial intention. *European Journal of Business and Social Science*, 1(6), 9-26.
- Obstfeld, L. S., Lupfer, M. B., & Lupfer, S. L. (1985). Exploring the relationship between gender identity and sexual functioning. *Journal of Sex and Marital Therapy*, 11, 248-258.
- Oladeji, D. (2008). Gender roles and norms factors influencing reproductive behaviour among couples in Ibadan, Nigeria. *Anthropologist*, 10(2), 133-138.
- Paulhus, D. L., & Van Selst, M. (1990). The spheres of control scale: Ten years of research. *Personality and Individual Differences*, 11, 1029-1036.
- Pearlin, L. I., & Schooler, C. (1978). The structure of coping. *Journal of Health and Social Behaviour*, 19, 2-22.
- Rosenfield, S. J. (1989). The effects of women's employment: Personal control and sex differences in mental health. *Journal of Health Soc Behaviour*, 30(1), 77-91.
- Ross, C., & Sastry, J. (1999). The sense of personal control: Social-structural causes and emotional consequences. In C. S. Aneshensel, & J. C. Phelan, (Eds.), *Handbook of the sociology of mental health* (pp 369-394). New York: Kluwer Academic/Plenum.
- Rotter, J. B. (1966). Generalised expectancies for internal vs external control of reinforcement. *Psychological Monographs*, 80, 1-28.
- Rueda, B., & Perez–Garcia, A. M. (2006). A prospective study of effects of psychological resources and depression on essential hypertensive. *Journal of Health Psychology*, 11, 129-140.
- Seeman, M. (1959). On the meaning of alienation. *American Sociological review*, 24, 783-791.
- Smit, A. L. (2005). The sex-role identity, attributional style and self-esteem of a group of female students (Masters assignment, University of Stellenbosch).
- Soler, H., Quadango, D., Sly, D. F, Richman, K. S., Eberstein, I. W., & Harrison, D. F. (2000). Relationships dynamics, ethnicity and condom use among low–income women. *Family Planning Perspectives*, 32(2), 82-88 & 101.
- Stets, J. E. (1995). Modeling control in relationships. *Journal of marriage and the family*, 57, 489-501.

- Thoits, P. A. (1986). Multiple identities: Examining gender and marital status differences in distress. *American Sociological Review*, 51, 259-272.
- Thompson, S. C., & Spacapan, S. (1991). Perceptions of control in vulnerable populations. *Journal of Social Issues*. 47(4), 1-21.
- Umberson, D. (1993). Sociodemographic position, world views, and psychological distress. *Social Science Quarterly*, 74, 575–589.
- Umberson, D., Anderson, K., Glick, J., & Shapiro, A. (1998). Domestic violence, personal control, and gender. *Journal of Marriage and the Family*, 60, 442-452.
- United Nations (1994). *Sub-commission on prevention of discrimination and protection of minorities*.
- Varga, C. A. (1997). Sexual decision-making and negotiation in the midst of AIDS: Youth in Kwazulu-Natal, South Africa. *Health Transition Review*, 3(7), 43-67.
- Vescio, T. K., & Dahl, J. (2013). *Sugar-coated discrimination: How subtle sexism undermines women*. Research symposium on gender and work: Challenging conventional wisdom (pp 4-10).
- Vlassoff, C. (2007). Gender differences in determinants and consequences of health and illness *Journal of Health Population Nutr.*, 25(1), 47-61.
- Wingood, G. M., & DiClemente, R. J. (2000). Application of the theory of gender and power to examine HIV-related exposures, risk factors, and effective interventions for women. *Health Education and Behaviour*, 27, 539-565.